

## INDIANA INDEPENDENT REVIEW ORGANIZATION CHECKLIST

Fill in "Located" column with section and page location documenting that you meet the requirement.

**Return checklist with application.**

**Company Name** \_\_\_\_\_

**Date** \_\_\_\_\_

CRITERIA	CRITERIA SPECIFICS	LOCATED	Dept Use Only	
			YES	NO
<b>Application</b>	Completed - are there explanations for any boxes checked "no"	N/A		
	Contact name and telephone	N/A		
	EIN or FIN	N/A		
	Signed	N/A		
<b>Fee</b>	\$250.00 Initial application or \$200.00 for renewal application			
<b>Staffing</b> IC 27-13-10.1-8(c)(1)(A)	Review professionals assigned must be board certified in the specialty in which an enrollee's proposed service would be provided			
IC 27-13-10.1-8(c)(1)(B)	Review professionals assigned must be knowledgeable about proposed service through actual clinical experience			
IC 27-13-10.1-8(c)(1)(C)	Review professionals assigned must hold an unlimited license to practice in a state of the United States			
IC 27-13-10.1-8(c)(1)(D)	Review professionals assigned must have no history of disciplinary actions or sanctions including: loss of staff privileges, or restriction on participation			
<b>Quality</b> IC 27-13-10.1-8(c)(2)(A)	The IRO must have a quality assurance mechanism to ensure the timeliness and quality of reviews			
IC 27-13-10.1-8(c)(2)(B)	The IRO must have a quality assurance mechanism to ensure the qualifications and independence of medical review professionals			
IC 27-13-10.1-8(c)(2)(C)	The IRO must have a quality assurance mechanism to ensure the confidentiality of medical records and other review materials			
IC 27-13-10.1-8(c)(2)(D)	The IRO must have a quality assurance mechanism to ensure the satisfaction of enrollees with the procedures utilized by the IRO, including the use of enrollee satisfaction surveys			
<b>Certifications</b> Bulletin 99	Signed statement certifying that all information included in the request for Certification is accurate to the best of the Applicant's knowledge and belief ( <b>must be signed by CEO or an individual authorized to act in such capacity</b> )			
Bulletin 99 Section 3-10	A statement that the organization agrees to accept all eligible cases referred to it on a rotating basis required to be used by HMO's			
Bulletin 99 3-11	A statement that the Request for a Certification designates agreement to comply with IC 27-13-10.1			
Bulletin 99 3-12	A list of all professional designations and/or licenses held by the organization and a brief explanation of all credentials held by the organization from other states and credentialing organizations			
<b>Required Time-Frames</b> IC 27-13-10.1-4(a)(1)	For an expedited appeal filed under section 2(a)(2)(A) of this chapter, within seventy-two (72) hours after the appeal is filed make a determination			
IC 27-13-10.1-4(a)(2)	For a standard appeal filed under section 2(a)(2)(B) of this chapter, within fifteen (15) business days after the appeal is filed make a determination			
<b>Notifications</b> IC 27-13-10.1-4(c)(1)	For an expedited appeal, Notify the HMO and enrollee of the determination with twenty-four (24) hours after making the determination			
IC 27-13-10.1-4(a)(2)	For a standard appeal, Notify the HMO and enrollee of the determination within seventy-two (72) hours after making the determination			